



PATIENT CONSENT FORM

I have reviewed the privacy policy of The Eye Studio Optometry Clinic and I understand how this Privacy Policy applies to me.

I understand that the personal information collected about me and held by The Eye Studio Optometry Clinic will be limited to that which is necessary and as outlined in this privacy policy.

I agree to The Eye Studio Optometry Clinic collecting, using and disclosing personal information about me as outlined in this privacy policy.

I have been assured that The Eye Studio Optometry Clinic will keep my personal information confidential and secure and that a copy of the practice's privacy policy in this regard is available to me upon request, as is the information recorded about me.

Signature: _____

Patient Name (Printed): _____

Date: _____

Canada's anti-spam legislation regulates the distribution of electronic messages. To comply with this law, The Eye Studio is required to obtain your consent in order to send you electronic communications. Please know that you have the option to unsubscribe at any time. To help us continue to provide information that is relevant to you please give us your consent by checking the box below.

CONSENT: I consent to receiving electronic communications from The Eye Studio Optometry Clinic.

Check your preferred method(s) of contact.

Email Address: _____

Mobile Phone: _____

Home Phone: _____